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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR02/04589 12/30/2002

**** FOREIGN APPLICATIONS *******

FRANCE 01/17102 12/28/2001

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 8	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

24504

TITLE

MULTIPLE-POUCH INTRAGASTRIC BALLOONS, SURGICAL DEVICE FOR EXPANDING SAID BALLOON AND METHOD FOR MAKING SAME

FILING FEE RECEIVED 1819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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